AMENDMENT TRANSMITTAL LETTER					Docket No. 5706-0103PUS1
Application No.		Filing Date Exa		Examiner	Art Uni
10/593,480-Conf. #2593		September	ember 20, 2006 K. M. Zalas		/ 1797
plicant(s): Kwa					
rention: SUBME	ERGED HOLL(OW FIBER ME	EMBRANE M	ODULE	
AF mmissioner for F D. Box 1450 exandria, VA 223	13-1450				
ransmitted here he fee has been				• •	
		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Clains Present	Rate	
Total Claims	13	- 20 =	0	x 52.00	0.00
Independent Claims	1	- 3 =	0	x 220.00	0.00
Multiple Depend —————————Other fee (please	***************************************	eck if applicabl	(e)	000000000000000000000000000000000000000	
TOTAL ADDITI	ONAL FEE FO	R THIS AME	NDMENT:		0.00
A duplicate c A check in th Payment by c X The Director as described X Credit an	e Deposit According to this she amount of \$ credit card. For is hereby authorized below. A duply overpayment additional filling.	et is enclosed rm PTO-2038 prized to chargicate copy of it.	is enclose is attached. ge and credit this sheet is e	Depasit Account No. Inclosed. Bes required under 37	
BIRCH, STEWA 8110 Gatehouse Suite 100 East P.O. Box 747 Falls Church, Vii (703) 205-8000	Road		ĘP		

Birch, Stewart, Kolasch & Birch, LLP JTE/JSH/jmc